

New Jersey Department of Health  
CY 2017 FINANCIAL REPORT  
LICENSED AMBULATORY CARE FACILITIES  
SUBJECT TO THE AMBULATORY ASSESSMENT

*Refer to the accompanying instructions to fill out this form.*

<b>Name and Address of Facility</b> <b>HealthPlus Surgery Center, LLC</b> <b>190 Midland Avenue</b> <b>Saddle Brook, NJ 07663</b>		<b>License Number</b> <b>23116</b>		
		<b>NJ Tax Identification Number</b> <b>81-4094159</b>		

  

Line No.	Payer	A	B	C
		All Visits	Gross Charges	Gross Receipts *
1	Medicare (Fee-for-Service and/or HMO)	0	0	0
2	Medicaid (Fee-for-Service and/or HMO)	0	0	0
3	Other Government Payer	0	0	0
4	Commercial	197	5,377,263.17	1,170,402.81
5	Self Pay	2	171,510.10	2,200.00
6	Others	6,478	66,970,456.55	12,655,452.48
7	<b>Totals</b>	6,676	72,519,229.82	13,828,055.29

\* If CY 2017 Gross Receipts are for less than 12 months, check here: ☐

<b>Voluntarily Submitted Information for Charity Care Services</b>	A	B	C
	All Visits	Gross Charges	Gross Receipts
Reduced or No-Fee Care to Patients Based Upon Ability to Pay	0	0	0

<b>Certified By (Print Name)</b> <b>Yan Moshe</b>	<b>Title</b> <b>CEO</b>	
<b>Signature</b> 	<b>Telephone Number</b> <b>201-549-9998</b>	<b>Date</b> <b>05/03/2018</b>
<b>Name of License Holder (if different from above)</b> <b>HealthPlus Surgery Center, LLC</b>		
<b>Signature</b> 	<b>Date</b> <b>05/03/2018</b>	